(1)

INDIANA DEPARTMENT OF NATURAL RESOURCES DIVISION OF RECLAMATION

Approval # <u>E- </u>	
Excavation - Yes	No
Core Drilling - Yes	No No

$\frac{\textbf{APPLICATION FOR APPROVAL TO CONDUCT COAL EXPLORATION}}{\textbf{ACTIVITIES}}$

REMOVING LESS THAN 250 TONS OF COAL BY PIT EXCAVATION OR CORE DRILLING

Applicant's Name:

(2)	Address of Applicant:		
(3)	Telephone #:		
(4)	Name, address and telephor responsible for conducting the		f the applicant who will be present at and
	<u>Name</u>	Address	Telephone No.
(5)	Legal description by 1/4, 1/4 Section(s), Township(s), and Range(s) of the exploration area (Specific section, township, range for core drilling):		
(6)	County:	(7) U.S.G.S. Quadrangle:	
(8)	Approximate acres to be disturbed:		
(9)	Approximate number of holes and depth:		
(10)	amounts of coal to be remov	ed, the location of testing facilities at 10 IAC 12-5-1 through 12-5-4, inclu	ding the type of equipment to be used, the nd the measures to be used to comply with ading core hole plugging procedures and a

Describe the estimated timetable for conducting and completing each phase of exploration and reclamation (11)in (10). For core drilling, an annual notice is required and should be specific to those areas needed during any given year: A plugging affidavit as contained in the procedures statement on exploratory activity must be submitted to (12)the Division on each hole drilled within 30 days of final plugging. Submit a copy of a U.S.G.S. 7.5 minute topographic map of the proposed exploration area at a scale of 1 (13)inch = 2,000 feet or larger. The map must show the boundaries of the exploration area, the location of existing and proposed roads and access routes, and the location of all existing lakes, ponds and streams, and drainage features in the area of proposed exploration. (For excavations or holes in excess of 200') $I \underline{\hspace{1cm}} \text{(typed or printed name of responsible official), hereby affirm that all statements and representations made in this application and attachments thereto are true and correct to the$ best of my information and belief. Applicant: Subscribed and sworn to before me this day of , 20 . My commission expires ______. Notary Public Signature Name Typed or Printed Residence: County State